

ITNS Winter Workshop 2012

TRANSPLANT
NURSING
ACROSS THE
LIFESPAN...
*SHARING BEST
PRACTICES*

February 17 - 19, 2012
Exhibitor Prospectus



INTERNATIONAL
TRANSPLANT
NURSES
SOCIETY

DoubleTree Atlanta Buckhead
Atlanta, Georgia USA

EXHIBITOR PROSPECTUS

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ITNS is a non-profit, charitable tax exempt organization pursuant to Internal Revenue Code Section 501(c) (3).

The generous financial support that is received annually from corporate sponsors enables the ITNS to communicate with and educate the thousands of nurses working in the transplantation field every year. Better educated nurses provide better patient care and ultimately affect patient care and outcomes. Sponsorship of the 2012 Winter Workshop is available as follows:

Gold	\$20,000.00
Branding opportunities (select one):	
• Tote bags	
• Portfolios	
• Namebadge/Lanyards	
Silver	\$10,000.00
Sponsor:	
• Lunch or Dinner speaker time slot / plus food costs	
• Hotel key cards	
Bronze	\$5,000.00
Sponsor opportunities:	
• Breakfast or Refreshment Break	
Exhibitor (Table top)	\$750.00
• 6-foot/draped table, 2 chairs (8 foot x 4 foot area)	
Partner	\$500.00
Opportunities:	
• Bag insert (one page)	

All companies donating at the Gold Level will be considered official sponsors of the 2012 Winter Workshop, will be recognized in the printed materials and can have up to 4 complimentary workshop registrations for company representatives. Silver and Bronze levels will receive up to 2 complimentary workshop registrations. All other levels will receive 2 complimentary booth registrations.

EXHIBITOR SCHEDULE

Friday, February 17	6:30 AM - 7:15 AM.....	Exhibitor Set Up
	7:15 AM - 8:00 AM.....	Exhibits with Continental Breakfast
	9:30 AM - 10:00 AM.....	Exhibits with Refreshment Break
	2:45 PM - 3:00 PM.....	Exhibits with Refreshment Break

Saturday, February 18	7:30 AM - 8:00 AM.....	Exhibits with Continental Breakfast
	9:45 AM - 10:15 AM.....	Exhibits with Refreshment Break
	3:00 PM - 3:30 PM.....	Exhibits with Refreshment Break
	3:30 PM - 4:30 PM.....	Exhibit Tear-down

A commitment for Sponsorship at the Gold or Silver level must be received by Wednesday, December 28th. Opportunities will be given on a first-come first-serve basis.



**INTERNATIONAL
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NURSES
SOCIETY**

ITNS

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USA

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Fax: +1 (412) 343-3959

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www.itns.org

ITNS WINTER WORKSHOP 2012 EXHIBITOR PROSPECTUS

WHO SHOULD ATTEND?

Healthcare professionals involved in organ donation and transplantation strive for excellence at all levels. The combined expertise and the sharing of best practices of a dedicated multidisciplinary healthcare team ensures optimal care across the lifespan.

This workshop offers both healthcare professionals and allied healthcare professionals, with all levels of expertise, an opportunity to expand their knowledge, debate best practices, discuss challenges and improve competencies. In addition, the workshop will provide a forum for networking with colleagues and exhibitors in a collegial atmosphere.

PURPOSE

The overall goals of this workshop are to create excellence in clinical practice, education and research throughout the transplant process, while recognizing unique needs of both adult and pediatric patients and their families. Meeting the needs of pediatric transplantation patients can be significantly different than those of adults. Transitioning from childhood to adulthood poses many challenges along the

way. This workshop will highlight interdisciplinary team collaboration which paves the way towards the care and management of patients of all ages before, during and after transplantation.

COURSE FORMAT

This full two and a half day workshop will consist of two tracks, pediatric and adult. The format for this workshop will consist of general lectures and concurrent sessions. A variety of presentations regarding the care of the pediatric and adult transplant patient will be presented by expert faculty.

AFTER COMPLETION OF THIS WORKSHOP, THE PARTICIPANT SHOULD BE ABLE TO:

- (1) Discuss current challenges encountered when caring for adult and/or pediatric organ transplant recipients and their families in healthcare settings.
- (2) Evaluate key lifespan transitions for pediatric and/or adult organ transplant recipients and their families.
- (3) Analyze best nursing practices utilized to care for adult and pediatric organ transplant recipients and their families in various healthcare delivery settings.

COURSE LOCATION AND ACCOMMODATIONS

DoubleTree Atlanta Buckhead Hotel

3342 Peachtree Road
Atlanta, Georgia 30326
Phone: +1 404-231-1234
Fax: +1 404-238-0016

Direct link: http://doubletree.hilton.com/en/dt/groups/personalized/A/ATLBHDT-ITN-20120215/index.jhtml?WT.mc_id=POG

Rates: \$139 plus taxes, Single or Double

ITNS WINTER WORKSHOP 2012

Atlanta, Georgia USA
February 17-19, 2012

WORKSHOP CHAIRS:

Stella Harrington RN, BSN, CNOR

Shannon McCloskey RN, BSN, CCTN

Lecia Snell APRN-CNS, CCTN

PLANNING COMMITTEE

Lynette Fix RN, BAN, CCTC

Cynthia L. Russell PhD, RN, ACNS-BC, FAAN

Chris Shay-Downer RN, BSN, CCTC

Marjo vanHelden RN



Reserve your registration on-line before January 26, 2012 at:

http://doubletree.hilton.com/en/dt/groups/personalized/A/ATLBHDT-ITN-20120215/index.jhtml?WT.mc_id=POG

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(Name) _____ **is interested supporting the workshop:**

- Gold**.....\$20,000.00
Branding opportunities (select one):
 Tote bags Portfolios Namebadge/Lanyards
- Silver**.....\$10,000.00
Sponsor:
• Lunch or Dinner speaker time slot / plus food costs
• Hotel key cards
- Bronze**.....\$5,000.00
Sponsor opportunities: Breakfast or Refreshment Break
- Exhibitor**..... \$750.00
• 6-foot/draped table, 2 chairs (8 foot x 4 foot area)
- Partner**..... \$500.00
Opportunities: Bag insert (one page)

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PAYMENT ENCLOSED/CHARGED:..... \$ _____ USD
(payable in US Funds only) *Make check payable to ITNS

- Personal check Company/hospital check
 VISA/MasterCard AMEX Discover
 Money order

Card #: _____

Please add CVV or CID number

Please enter 3-digit number from the back of your card immediately following the account number. AMEX CVV/CID number is 4 digits, and is on the front of the card. This is required to process a card which is not physically present at ITNS headquarters.

Expiry date: _____ (month/year)

Signature: _____

If the billing address is not the same as the corporate contact information included above, please provide the following:

Cardholder Name: _____

Billing Address: _____

City: _____

State/Country: _____

Postal Code: _____

Email: _____

REPRESENTATIVE NAME BADGE INFORMATION

First name: _____

Last name: _____

Degrees/credentials: _____

Position/Role: _____

Employer: _____

Employer's City: _____

Employer's State/Province: _____

First name: _____

Last name: _____

Degrees/credentials: _____

Position/Role: _____

Employer: _____

Employer's City: _____

Employer's State/Province: _____

CORPORATE CONTACT INFORMATION

(for Exhibit/Shipping details)

Name: _____

Mailing address: _____

City: _____ State/Province: _____

Postal code: _____ Country: _____

Email Address: _____

Phone number: _____

Fax number: _____

ITNS Tax ID: 20-1589538

Please fax or mail this sponsorship form to:

ITNS
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